


NABCA


CSC

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CONTROL STATES CODE APPLICATION FORM

DATE:		NEW CODE(S) <input type="checkbox"/>		CORRECTION(S) <input type="checkbox"/>		DELETION(S) <input type="checkbox"/>	
FULL BRAND NAME: ¹						GIFT PKG.: YES <input type="checkbox"/> NO <input type="checkbox"/>	
CLASS: ²			TYPE: ²		BASE FLAVOR: ⁴		
DOMESTIC <input type="checkbox"/>		IMPORTED <input type="checkbox"/>		PRODUCT BOTTLED: U. S. <input type="checkbox"/>		FOREIGN <input type="checkbox"/>	
COUNTRY OF ORIGIN:				PRODUCT MARKETING AS: DOMESTIC <input type="checkbox"/> IMPORT <input type="checkbox"/>			
WINES: GENERIC <input type="checkbox"/>		VARIETAL <input type="checkbox"/>		APPELLATION:		AGE/VINT.: PROOF:	
SKU GTIN	CASE GTIN	SIZE	UNIT PACK	CONTROL STATES CODE ³			
TOTAL NUMBER OF NEW CODES:				TOTAL AMOUNT ENCLOSED:			
MEMBERS: PLEASE ADD TO QUARTERLY BILLING <input type="checkbox"/> PAYMENT ENCLOSED <input type="checkbox"/>							
NON-MEMBERS: PAYMENT MUST ACCOMPANY APPLICATION If applying via fax, please fax a copy of check along with the application(s) and mail originals.							
GIFT WRAP/SPECIAL PACKAGE DESCRIPTION:							
VENDOR NAME:				YOUR NAME:			
DIVISION:				TITLE/POSITION:			
STREET ADDRESS:				PHONE:		FAX:	
CITY:		STATE:		ZIP:		SIGNATURE:	
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¹ include product label/TTB FLA for brand new items ³ this area to be filled in by NABCA				² use tables supplied in the specifications manual ⁴ applies only to cordials/liqueurs			
(CSC Specifications Manual & additional forms available at www.nabca.org)							





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